1 10 11/	Paper No.:		
DATE : $\frac{6/9/0}{9}$			
TO SPE OF : ART UNIT	-		
SUBJECT: Request for Certificate of Correction on Patent No.: 6894//8			
A response is requested with respect to the	e accompanying request for a certificate of correction.		
Please complete this form and return w	ith file, within 7 days to:		
Palm location 7580, Certificates of Correction Branch – South Tower – 9A22 If response is for an IFW, return to employee (named below) via PUBSCofC Team in MADRAS. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, no should the scope or meaning of the claims be changed.			
		1/14 0 1 d = 1	Valerie Jackson
		Note: petition una	
Thank You For Your Assistance	Certificates of Correction Branch Tel. No. 703-308-9390 ext. 114		
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	entified correction(s) is hereby:		
	entified correction(s) is hereby: All changes apply.		
Note your decision on the appropriate box.			
Note your decision on the appropriate box. Approved	All changes apply.		
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.		
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.		
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.		
☐ Approved in Part	All changes apply. Specify below which changes do not apply.		
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.		

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